County Code County Name 5 C OTT 17. Installation Mailing Address (See Instructions) Street or P.O. Box State ZIP Code City or Town V. Installation Contact (Person to be contacted regarding waste activities at site) Name (last) 4 MIES KUDL N 5 Job Title 5 5 1 15 EPA 0 VI. Installation Contact Address (See instructions) A. Contact Address B. Street or P.O. Box 4 0 0 X RCRA RECORDS State City or Town KANS4S YII. Ownership (See Instructions) A. Name of Installation's Legal Owner NLHE DARLE A N Street, P.O. Box, or Route Number U F E 5 1 2977 State

EPA Form 8700-12 (07-90) Previous edition is obsolete.

RCRIS data entered

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Form Approved. OMB No. 2050-0028. Expres 10-31-91 GSA No. 0746-FPA-07 Please print or type with ELITE type (12 characters per inch) in the unshaded areas only Date Received Notification of Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act). (For Official Use Only) Regulated Waste REC'D. IOV. Activity APR 04 1995 L Installation's EPA ID Number (Mark 'X' In the appropriate box) C. Installation's EPA ID Number B. Subsequent Notification 0000 A First Notification (complete item C) II. Name of Installation (Include company and specific site name) COMP AN FRANCHE 14 III. Location of Installation (Physical address not P.O. Box or Route Number) Street REE T A R 7 3 5 FEDE Street (continued) State ZIP Code City or Town 803 2 DAVENPORT Phone Number (area code and number) 5 2 5 ZIP Code 16 1 B N ZIP Code City or Town 5 3 3 4 14 BE 5 1 D. Change of Owner Indicator (Date Changed) Month Day Year C. Owner Type B. Land Type No

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Form Approved. OMB No. 2050-0023. Expres 10-31-91

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/III. Type of Regulated Waste Activity	(Mark X' in the appropriate boxes. Refer to	instructions.)
	s Waste Activity	B. Used Oil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2.200 lbs.) b. 100 to 1000 kg/mo (220 - 2.200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode Infloxes 1-a. For own waste only b. For commercial plapases Mode of Transportation 1. Air 2. Rail 3. Highway	3. Treater, Storer, Disposar (at installation Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burner	1. Ott-Specification Used Oil Fuel a. Generator Merketing to Burner b. Other Markerer c. Burner - indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 2. Specification Used Oil Fuel Markets (or On-site Burner) Who First Claim the Oil Meets the Specification
4. Water 5. Other - specify		
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and all attached documents, and	ave personally examined and amfamiliar v that based on my inquiry of those indiv e that the submitted information is true, a es for submitting false information, inc	iduals immediately responsible to ccurate, and complete. I am awar
James F. Kerllith	Name and Official Title (type or print) JAMES F. KODLINDSKI, EPA/OSK	Date Signed 4 / 3 / 95
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Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

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Notification of Regulated Waste Activity

Date Received
(For Official Use Only)
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A. Hazardous Waste Activity 1. Generator (See Instructions) 2. Greater than 1000kg/mo (220 bis.) 3. Treater Store, Deposer (at restation) 3. Greater than 1000kg/mo (220 bis.) 4. Hazardous Water Fuel 5. 100 to 1000 kg/mo (220 bis.) 5. 100 to 1000 kg/mo (220 bis.) 6. Hearardous Water Fuel 7. Hearardous Water Fuel 8. Generator Marketing to Burner 9. For comprersial purposes 1. Office Marketing 2	A. Hazardous Waste Activity 1. Deparatic (See Instructions) 2. Greater than 100Kg/mo (2200 lbs.) 3. Thesier, Shrer, Deposer (at hesialator) 4. Greater than 100Kg/mo (220 lbs.) 5. Total 100 kg/mo (220 lbs.) 6. Less than 100 kg/mo (220 lbs.) 6. Less than 100 kg/mo (220 lbs.) 6. Less than 100 kg/mo (220 lbs.) 7. Transporter (indicate Mode in boxes 1-5 below) 8. Epirovin visite only 9. Epirovin visite only 9. Surrer - adicate device(s) - Type of Combusion Devices 10. Surrer - adicate device(s) - Type of Combusion Devices 10. Livilly Boller 10. At 1 lbs. Device (See and CEP and See	1157* 151 posts	ID – For Official Use Only
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